Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSO	Enforcement Request, Registration of Foreign Support Order for Modification by	H	EADER
			Obligee	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating Jurisdiction: This Request transaction is used to request	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			Registration of a Foreign Order for purpose of	CSENet 2000 VERSION NUMBER	003
			obtaining a modification as requested by the obligee.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request	ACTION CODE	R or U
			and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERFSO
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSO		CASE D	OATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or	NCP LOCAT	TE DATA BLOCK
			Employer Name and Address is required	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERFSO		RESIDENTIAL-ZIP-1	NCP Zip Code
	U			RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2)	PARTICIPAN'	Г DATA BLOCK (2)
			Must contain at least two participants, one with	NAME-LAST	Participant Last Name
			Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required. ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER I	DATA BLOCK
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEO	Enforcement Request, Registration of Foreign Support Order for Modification and	H	EADER
			Enforcement by Obligor Sent by Initiating Jurisdiction:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This Request transaction is used to request	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			Registration of a Support Order for the purpose of	CSENet 2000 VERSION NUMBER	003
			modification and enforcement as requested by the obligor.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			The Update transaction should be sent to modify an	ACTION CODE	R or U
			unacknowledged Request; it replaces the Request	FUNCTIONAL TYPE CODE	ENF
			and requires the same data elements. The Update must be sent only after the Request transaction is	TXN DATE	Date transaction was created
			sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding	CASE-ID	Your Case ID
			Jurisdiction with a Case ID.	ACTION REASON	ERMEO
			Action By Receiving State: Process within Federal Guidelines	ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEO		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCATE DATA BLOCK	NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
			Zamproj et Traine and Tradicios is required	RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEO		RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN	Γ DATA BLOCK (2)
			Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine	NAME-LAST	Participant Last Name
			participants. If Relationship code is D, the Date-Of-	NAME-FIRST	Participant First Name
			Birth, Participant-Status, and Dependent-Relation-CP data elements are required. ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater	DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER I	DATA BLOCK
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid	ORDER-ID	The Order ID
			value greater than zero.	ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREG	Enforcement Request, Registration of Foreign Order for Enforcement Only by	HEADER	
			Obligor Sent by Initiating Jurisdiction:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This Request transaction is used to request	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			Registration of a Support Order for the purpose of	CSENet 2000 VERSION NUMBER	003
			enforcement only as requested by the obligor.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request	ACTION CODE	R or U
			and requires the same data elements. The Update	FUNCTIONAL TYPE CODE	ENF
			must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to	TXN DATE	Date transaction was created
			receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines. Business Usage Recommendation: The Information Data Block as well as any attachments deemed necessary, may be used to supply additional pertinent information for this Request.	CASE-ID	Your Case ID
				ACTION REASON	ERREG
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREG		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCATE DATA BLOCK	NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
			Employer Name and Address is required.	RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREG		RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN	Γ DATA BLOCK (2)
			Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine	NAME-LAST	Participant Last Name
			participants. If Relationship code is D, the Date-Of-	NAME-FIRST	Participant First Name
			Birth, Participant-Status, and Dependent-Relation-CP data elements are required. ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER I	OATA BLOCK
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	IF R,	ERREO	Enforcement Request, Registration of Foreign Order for Enforcement Only by Obligee	н	EADER
			Sent by Initiating Jurisdiction:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This Request transaction is used to request	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			Registration of a Support Order for the purpose of	CSENet 2000 VERSION NUMBER	003
			enforcement only as requested by the obligee.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request	ACTION CODE	R or U
			and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines	FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERREO
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREO		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREO	NCP LOCATE DATA BLOCK	NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPAN'	T DATA BLOCK (2)
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
			ORDER DATA BLOCK The Order Frequency Amount is required (can equal	ORDER I	DATA BLOCK
			zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is	ORDER-FIPS-STATE	FIPS Code of State that issued Order
			required if the Order Frequency Amount is greater	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid	ORDER-ID	The Order ID
			value greater than zero.	ORDER-FILING-DATE	Date Order was filed in your State
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N
ENF	R, U	ERRES	Foreign Order for Enforcement only by	H	EADER
			State Agency	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating Jurisdiction: This Request transaction is used to request	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			Registration of a Support Order for the purpose of enforcement only as requested by a State agency.	CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERRES	The Update transaction should be sent to modify an	FUNCTIONAL TYPE CODE	ENF
	U		unacknowledged Request; it replaces the Request and requires the same data elements. The Update	TXN DATE	Date transaction was created
			must be sent only after the Request transaction is	CASE-ID	Your Case ID
			sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding	ACTION REASON	ERRES
			Jurisdiction with a Case ID.	ATTACHMENTS IND	=N
			Action By Receiving State:	CASE-DATA-IND	=1
			Process within Federal Guidelines.	NCP-IDENTIFICATION-IND	=1
			Process within Federal Guidennes.	NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERRES		CONTACT-CITY	Contact City
	U			CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCATE DATA BLOCK	NCP LOCATE DATA BLOCK	
			Either the NCP Residential, Mailing Address or	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
			Employer Name and Address is required.	RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
		PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN	Γ DATA BLOCK (2)	
			Relationship code C (custodial parent) and one with	NAME-LAST	Participant Last Name
			code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-	NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
			CP data elements are required.	RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERRES	ORDER DATA BLOCK	ORDER	DATA BLOCK
			The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is	ORDER-FIPS-STATE	FIPS Code of state that issued Order
			equal to or greater than zero. The Order Frequency is	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered	ORDER-ID	The Order ID
		for each category of arrears entered with a valid value greater than zero.	for each category of arrears entered with a valid	ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
			ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue	
				MEDICAL-ORDERED	Y or N
ENF	R, U	ERTXR	Enforcement Request, Administrative Review of Tax Offset	H	EADER
			Sent by Initiating or Responding	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Jurisdiction:	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			This transaction is used to relay a request for an Administrative Review.	CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate

Appendix D: TFM – ENF D-81 September 15, 2003

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERTXR	The Update transaction should be sent to modify an	ACTION CODE	R or U
	U		unacknowledged Request; it replaces the Request and requires the same data elements. The Update	FUNCTIONAL TYPE CODE	ENF
			must be sent only after the Request transaction is	TXN DATE	Date transaction was created
			sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding	CASE-ID	Your Case ID
			Jurisdiction with a Case ID.	ACTION REASON	ERTXR
			Action By Receiving State:	ATTACHMENTS IND	=N
			Process within Federal Guidelines. (See 45CFR	CASE-DATA-IND	=1
			303.72 (g), AT 98-17 (II) (E).	NCP-IDENTIFICATION-IND	=1
			Business Usage Recommendation:	NCP-LOCATE-IND	=1
			Provide related information regarding the Request in	PARTICIPANT-DATA-IND	Fill as appropriate
			the Information Data Block.	ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)
				CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERTXR		CONTACT-NAME-LAST	Your State Contact
	U			CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
		NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or		NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCAT	TE DATA BLOCK	
			Employer Name and Address is required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERTXR	PARTICIPANT DATA BLOCK (2)	PARTICIPAN'	Γ DATA BLOCK (2)
			Must contain at least two participants, one with Relationship code C (custodial parent) and one with	NAME-LAST	Participant Last Name
			code D (dependent) and may have as many as nine	NAME-FIRST	Participant First Name
			participants. If Relationship code is D, the Date-Of- Birth, Participant-Status, and Dependent-Relation-	DATE-OF-BIRTH	Fill as appropriate
			CP data elements are required.	RELATIONSHIP	Fill as appropriate
			ORDER DATA BLOCK The Order Frequency Amount is required (can equal	PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER I	DATA BLOCK
			zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is	ORDER-FIPS-STATE	FIPS Code of state that issued Order
			required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

Appendix D: TFM – ENF D-84 September 15, 2003

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERWAG	Enforcement Request, Wage Withholding Sent by Initiating Jurisdiction:	н	EADER
			This Request transaction is used to request wage withholding. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines. Business Usage Recommendation: Provide employer/income payer information in the NCP Locate Data Block.	LOCAL-FIPS-STATE/COUNTY OTHER-FIPS-STATE/COUNTY CSENet 2000 VERSION NUMBER TRANSACTION SERIAL NUMBER ACTION CODE FUNCTIONAL TYPE CODE TXN DATE CASE-ID ACTION REASON ATTACHMENTS IND CASE-DATA-IND NCP-IDENTIFICATION-IND	Your State/County FIPS Code State/County FIPS Code where transaction is directed. 003 Fill as appropriate R or U ENF Date transaction was created Your Case ID ERWAG =N =1 =1 =1
				PARTICIPANT-DATA-IND ORDER-DATA-IND COLLECTION-DATA-IND	Fill as appropriate =1 =0 (Numeric)
				INFORMATION-IND OVERDUE-IND	=0 (Numeric) =0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERWAG		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCATE DATA BLOCK	NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
			===-p-=y-=e mile reaction to required.	RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code

Appendix D: TFM – ENF D-86 September 15, 2003

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERWAG		RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN	Γ DATA BLOCK (2)
			Relationship code C (custodial parent) and one with	NAME-LAST	Participant Last Name
			code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-	NAME-FIRST	Participant First Name
			Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
		ORDER DATA BLOCK The Order Frequency Amount is required (can equal	ORDER I	DATA BLOCK	
			zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is	ORDER-FIPS-STATE	FIPS Code of state that issued Order
		required if the Order Frequency	required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			for each category of arrears entered with a valid	ORDER-ID	The Order ID
			value greater than zero.	ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL	Enforcement Request, all Remedies Sent by Initiating Jurisdiction:	H	EADER
			This transaction is to request another state to	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			establish a two state process to collect on an existing Order when registration is not appropriate.	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			The Update transaction should be sent to modify an	CSENet 2000 VERSION NUMBER	003
			unacknowledged Request; it replaces the Request	TRANSACTION SERIAL NUMBER	Fill as appropriate
			and requires the same data elements. The Update must be sent only after the Request transaction is	ACTION CODE	R or U
			sent to the CSENet 2000 server and prior to	FUNCTIONAL TYPE CODE	ENF
			receiving an Acknowledgment from the Responding Jurisdiction with a Case ID.	TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
			Action By Receiving State: Process within Federal Guidelines.	ACTION REASON	ERALL
			Process within rederal Guidennes.	ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

Appendix D: TFM – ENF D-89 September 15, 2003

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL	NCP LOCATE DATA BLOCK	NCP LOCAT	ΓΕ DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN'	T DATA BLOCK (2)
			Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine	NAME-LAST	Participant Last Name
			participants. If Relationship code is D, the Date-Of-	NAME-FIRST	Participant First Name
		Birth, Participant-Status, and Dependent-Relation-	Birth, Participant-Status, and Dependent-Relation-	DATE-OF-BIRTH	Fill as appropriate
		CP data elements are required.	RELATIONSHIP	Fill as appropriate	
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL	ORDER DATA BLOCK	ORDER I	DATA BLOCK
			The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is	ORDER-FIPS-STATE	FIPS Code of state that issued Order
			equal to or greater than zero. The Order Frequency is	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered	ORDER-ID	The Order ID
			for each category of arrears entered with a valid	ORDER-FILING-DATE	Date Order was filed in your state
			value greater than zero.	ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N
ENF	R, U	ERFSM	Enforcement Request Registration of Foreign Support Order for Modification by	н	EADER
			Obligor	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating Jurisdiction: This Request transaction is used to request	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			Registration of a Foreign Order for purpose of	CSENet 2000 VERSION NUMBER	003
			obtaining a modification as requested by the obligor.	TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERFSM	The Update transaction should be sent to modify an	FUNCTIONAL TYPE CODE	ENF
	U		unacknowledged Request; it replaces the Request and requires the same data elements. The Update	TXN DATE	Date transaction was created
			must be sent only after the Request transaction is	CASE-ID	Your Case ID
			sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding	ACTION REASON	ERFSM
			Jurisdiction with a Case ID.	ATTACHMENTS IND	=N
			Action By Receiving State:	CASE-DATA-IND	=1
			Process within Federal Guidelines.	NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
			PAYMENT-STATE	Payment State	
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R,	ERFSM		CONTACT-ADDRESS-LINE-1	Contact Address
	U			CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
			NCP LOCATE DATA BLOCK	NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
			Employer Name and Address is required	RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSM	PARTICIPANT DATA BLOCK (2)	PARTICIPAN	Γ DATA BLOCK (2)
			Must contain at least two participants, one with Relationship code C (custodial parent) and one with	NAME-LAST	Participant Last Name
			code D (dependent) and may have as many as nine	NAME-FIRST	Participant First Name
			participants. If Relationship code is D, the Date-Of- Birth, Participant-Status, and Dependent-Relation-	DATE-OF-BIRTH	Fill as appropriate
			CP data elements are required.	RELATIONSHIP	Fill as appropriate
			ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater	PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER I	DATA BLOCK
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			than zero. The From and Thru Dates must be entered	ORDER-ID	The Order ID
			for each category of arrears entered with a valid value greater than zero.	ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	NF R, ERFSS Enforcement Request, Registration of	Enforcement Request, Registration of foreign Support Order for Modification by State Agency	HI LOCAL-FIPS-STATE/COUNTY	EADER Your State/County FIPS Code	
			Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Foreign Order for purpose of	OTHER-FIPS-STATE/COUNTY CSENet 2000 VERSION NUMBER	State/County FIPS Code where transaction is directed. 003
			obtaining a modification as requested by a state Agency. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request	TRANSACTION SERIAL NUMBER ACTION CODE FUNCTIONAL TYPE CODE	Fill as appropriate R or U ENF
			and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding	TXN DATE CASE-ID ACTION REASON	Date transaction was created Your Case ID ERFSS
		Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	ATTACHMENTS IND CASE-DATA-IND NCP-IDENTIFICATION-IND	=N =1 =1	
				NCP-LOCATE-IND PARTICIPANT-DATA-IND	=1 Fill as appropriate
				ORDER-DATA-IND COLLECTION-DATA-IND INFORMATION-IND	=1 =0 (Numeric) =0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSS		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
			NCP LOCATE DATA BLOCK	NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSS		RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN'	Γ DATA BLOCK (2)
			Relationship code C (custodial parent) and one with	NAME-LAST	Participant Last Name
			code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-	NAME-FIRST	Participant First Name
			Birth, Participant-Status, and Dependent-Relation-	DATE-OF-BIRTH	Fill as appropriate
			CP data elements are required.	RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
			ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is	DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER I	DATA BLOCK
			equal to or greater than zero. The Order Frequency is	ORDER-FIPS-STATE	FIPS Code of state that issued Order
			required if the Order Frequency Amount is greater	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid	ORDER-ID	The Order ID
			value greater than zero.	ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE	Enforcement Request, Registration of Foreign Support Order for Modification and	H	EADER
			Enforcement by State Agency	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating Jurisdiction:	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
			This Request transaction is used to request the Registration of Foreign Order for the purpose of	CSENet 2000 VERSION NUMBER	003
			enforcement and modification as requested by a state	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Agency.	ACTION CODE	R or U
			The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request	FUNCTIONAL TYPE CODE	ENF
			and requires the same data elements. The Update	TXN DATE	Date transaction was created
			must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to	OTHER-CASE-ID	Other Case ID
			receiving an Acknowledgment from the Responding	ACTION REASON	ERMEE
			Jurisdiction with a Case ID	ATTACHMENTS IND	=N
			Action By Receiving State:	CASE-DATA-IND	=1
			Process within Federal Guidelines.	NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE	NCP LOCATE DATA BLOCK Either the NCP Peridential Mailing Address on	NCP LOCAT	TE DATA BLOCK
			Either the NCP Residential, Mailing Address or Employer Name and Address is required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
			PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with	PARTICIPAN'	Γ DATA BLOCK (2)
			Relationship code C (custodial parent) and one with	NAME-LAST	Participant Last Name
			code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-	NAME-FIRST	Participant First Name
			Birth, Participant-Status, and Dependent-Relation- CP data elements are required.	DATE-OF-BIRTH	Fill as appropriate
			Cr data elements are required.	RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE	ORDER DATA BLOCK	ORDER I	DATA BLOCK
			The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is	ORDER-FIPS-STATE	FIPS Code of state that issued Order
			equal to or greater than zero. The Order Frequency is	ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
			required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered	ORDER-ID	The Order ID
			for each category of arrears entered with a valid	ORDER-FILING-DATE	Date Order was filed in your state
			value greater than zero.	ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF			ERME Enforcement Request, Registration of M Foreign Support Order for Modification and Enforcement by Obligee	HEADER	
			Sent by Initiating Jurisdiction: This Request transaction is used to request registration of a Foreign Order for the purpose of modification and enforcement as requested by the obligee.	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
			The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERMEM
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage	
ENF	R, U	ERMEM		CASE DATA BLOCK		
				CASE-TYPE	Fill as appropriate	
				CASE-STATUS	=O (Alpha)	
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address	
				PAYMENT-CITY	Payment City	
				PAYMENT-STATE	Payment State	
				PAYMENT-ZIP-1	Payment Zip Code	
				CONTACT-NAME-LAST	Your State Contact	
				CONTACT-NAME-FIRST	Your State Contact	
				CONTACT-ADDRESS-LINE-1	Contact Address	
				CONTACT-CITY	Contact City	
				CONTACT-STATE	Contact State	
				CONTACT-ZIP-1	Contact Zip Code	
				NCP IDENTIFICATION DATA BLOCK		
				NAME-LAST	NCP Last Name	
				NAME-FIRST	NCP First Name	

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, ERMEM NCP LOCATE DATA BLOCK		NCP LOCATE DATA BLOCK		
			Either the NCP Residential, Mailing Address or Employer Name and Address is required. PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE- DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEM	ORDER DATA BLOCK The Order Frequency Amount is required (can equal	ORDER I	DATA BLOCK
			zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

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^{*}Shaded areas identify data recommended as essential to conduct business and automate transaction processing

VALID TRANSACTIONS EXCLUDED FROM THE TFM AND RECOMMENDED ALTERNATIVE TRANSACTIONS				
Function Code	Action Code	Reason Code	Description/Business Usage	Recommendation for Alternative Transaction(s) Usage
ENF	A		Enforcement Acknowledgment.	ENF A ANOAD or ENF A AADIN
ENF	NF R ERARR Enforcement Request, Request Collection of Arrears.		Enforcement Request, Request Collection of Arrears.	ENF R ERALL
ENF	U ERARR Enforcement Update, Request Collection of Existing Order.		Enforcement Update, Request Collection of Existing Order.	ENF U ERALL
ENF	R	R EREXO Enforcement Request, Request Collection of Existing Order.		ENF R ERALL
ENF	U EREXO Enforcement Update, Request Collection of Existing Order.		Enforcement Update, Request Collection of Existing Order.	ENF U ERALL
ENF	ENF R ERSTA Enforcement Reque		Enforcement Request, Request Status of Enforcement Actions.	MSC R GRUPD (Currently converted by the CSENet 2000 Application)
ENF	U	ERSTA	Enforcement Update, Request Status of Enforcement Actions.	MSC U GRUPD (Currently converted by the CSENet 2000 Application)
ENF	P ESORD Enforcement Provision of Information, New Order Established.		Enforcement Provision of Information, New Order Established.	EST P SSEST (Currently converted by the CSENet 2000 Application)
ENF	P	GIHER	Enforcement Provision of Information, Notice of Upcoming Hearing.	MSC P GIHER
ENF	P GSFIL Enforcement Provision of Information, Document filed.		Enforcement Provision of Information, Document filed.	MSC P GSPUD